

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:  
SOAH DOCKET NO. 453-03-0994.M4**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

**I. DISPUTE**

1. a. Whether there should be additional reimbursement for date of service 04/03/01.  
b. The request was received on 04/03/02.

**II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFAs-1500
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60 and Response to a Request for Dispute Resolution
  - b. HCFAs
  - c. EOBs
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/25/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 06/28/02. The response from the insurance carrier was received in the Division on 07/11/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 06/11/02  
“...the insurance carrier only paid us \$50.60 total for code E0236 out of \$495.00 that was billed for this item. Per TWCC Medical Fee Guidelines, it clearly states that code E0236 should be paid at \$490.20.”
2. Respondent: Letter dated 07/11/02  
“The \$490.20 amount stated by the provider is not a MAR amount set by the commission. It appears to be a payment amount set by some other entity. ...the CPT on the payment schedule referenced by the provider is D0368. Provider billed the carrier for CPT code E0236. Given that the CPT codes do not match, the schedule attached by the provider is not evidence of the fair and reasonable charge for the item in question....Carrier has determined that the fair and reasonable reimbursement for CPT code E0236 is \$50.60.”

### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only date (s) of service eligible for review is 04/03/01.
2. Per the provider’s TWCC-60, the amount billed is \$495.00; the amount paid by the carrier is \$50.60; the amount in dispute is \$439.60, based on the purchase price.
3. The carrier denied the additional reimbursement by code, “F – REDUCTION ACCORDING TO MEDICAL FEE GUIDELINE.”

4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
04/03/01	E0236	\$495.00	\$50.60	F	Purchase \$490.20	CPT-4 Codes and Nomenclature copyright 1989 AMA D-Codes D0368; MFG DME GR (IV); (IX) (C); CPT descriptor; D Code descriptor	Per the MFG DME GR (IV), "This document does not contain a specific MAR for the DME items." DME GR (IX) (C), states, "A fair and reasonable reimbursement shall be the same as the fees set for the 'D' codes in the 1991 Medical Fee Guideline." HCPCS code E0236 has the comparable D code of D0368. The D code D0368 lists the rental price for the item as \$50.60 which is the amount the carrier paid the provider quoting this reimbursement is "the fair and reasonable reimbursement for CPT code E0236..." It appears that the carrier acknowledged the reimbursement value of the "rental" price for the billed item from the D code list since it reimbursed the rental price of \$50.60 to the provider. The carrier's reimbursement of \$50.60 is not considered fair and reasonable. The 0368 D code purchase price is \$490.20. Therefore, reimbursement is recommended in the amount of <b>\$439.60</b> .
<b>Totals</b>		\$495.00	\$50.60				The Requestor is entitled to reimbursement in the amount of <b>\$439.60</b> .

#### IV. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$439.60 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 1st day of October 2002.

Donna M. Myers  
Medical Dispute Resolution Officer  
Medical Review Division

DMM/dmm